This Complaint and Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Poway. The City of Poway’s Personnel Policy governs employment-related complaints of disability discrimination.

The City of Poway wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact the City of Poway with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City of Poway’s Grievance Form.

It is preferred that the formal grievance be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. If additional accommodations are needed, please contact the ADA Coordinator. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Jodene Dunphy  
ADA Coordinator/Human Resources Director  
13325 Civic Center Drive  
Poway, CA 92064  
jdunphy@poway.org  
858-668-4413  
California Relay Service: dial 711

Within 30 calendar days after receipt of the complaint, the Human Resources Director or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting the Human Resources Director or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Poway and offer options for substantive resolution of the complaint.

If the response by the Human Resources Director or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the City Manager or his/her designee.

Within 30 calendar days after receipt of the appeal, the City Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar
days after the meeting, the City Manager or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the Human Resources Department or his/her designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City of Poway for at least three years.
City of Poway

Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
Grievance Form

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complaintant: _______________________________________________________________
Address: _____________________________________________________________________
City, State and Zip Code: _________________________________________________________
Telephone: Home: ____________________________ Business: __________________________

2. Person Discriminated Against: (if other than the complainant): _______________________
Address: ______________________________________________________________________
City, State, and Zip Code: _________________________________________________________
Telephone: Home: ___________________________ Business: ___________________________

3. Department or person which you believe has discriminated (if known):
Name: ________________________________________________________________________
Address: _____________________________________________________________________
City, State and Zip Code: _________________________________________________________
Telephone Number: _____________________________________________________________
When did the discrimination occur? Date: ___________________________________________

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. Have efforts been made to resolve this complaint?
Yes______ No______
If yes: what efforts have been taken and what is the status of the grievance?
______________________________________________________________________________
______________________________________________________________________________
6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?
Yes______ No______
If yes:
Agency or Court: ________________________________________________________________
Contact Person: ________________________________________________________________
Address: _________________________________________________________________
City, State, and Zip Code: _________________________________________________________
Telephone Number: __________________________________ Date Filed: _____________

7. Do you intend to file with another agency or court?
Yes______ No______
Agency or Court: ________________________________________________________________
Street Address: _______________________________________________________________
City, State and Zip Code: _________________________________________________________
Telephone Number: _____________________________________________________________

8. Additional comments or information:
______________________________________________________________________________
______________________________________________________________________________

Signature: ______________________________ Date: _______________________

Return to:
Attn: Jodene Dunphy
ADA Coordinator/Human Resources Director
13325 Civic Center Drive
Poway, CA 92064
jdunphy@poway.org
858-668-4413
California Relay Service: dial 711

REFERENCES
Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107